N441 Care Plan

Lakeview College of Nursing

Hope Dykes

Demographics (3 points)

Date of Admission 09/21/2020	Patient Initials MW	Age 66	Gender F
Race/Ethnicity W/C	Occupation Retired Professor	Marital Status Single	Allergies NKA
Code Status FULL	Height 5'5"	Weight 188 lbs	

Medical History (5 Points)

Past Medical History: HTN, T2D, Hyperlipidemia

Past Surgical History: Appendectomy 2019; Cataract Surgery 2019; Right Foot Surgery 2015

Family History: Mother (D) Diabetes, Lung Cancer, Father (D) no significant medical hx.

Social History (tobacco/alcohol/drugs): Pt reports no use of tobacco, drugs, or alcohol

Assistive Devices: None.

Living Situation: Pt lives with significant other of 40 years.

Education Level: Education level does not affect learning.

Admission Assessment

Chief Complaint (2 points): Pain in legs.

History of present Illness (10 points):. Pt reports she has experienced intermittent leg pain for the past 10 years. She says it has always been a cramping pain, and it used to keep her up at night. She reported starting cilostazol, which helped with her overnight leg pain. About one year ago, the pain became unbearable during the day and started limiting her activities. Pt reports, "I have a sharp, cramping pain in the muscles in my legs that gets worse when I walk. I can't even walk my dog anymore". She reports that when she sits, the pain "isn't so bad". She made an appointment with her primary care physician a few months ago, and he referred her to Sarah

Bush Lincoln (SBL). SBL ran some tests that she says showed arterial stenosis in her legs with an occlusion and a low ankle-brachial index (ABI), so SBL sent her to the hospital for surgical repair.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Peripheral Artery Disease (PAD) and Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs

Secondary Diagnosis (if applicable): Recovery from aortofemoral bypass surgery

Pathophysiology of the Disease, APA format (20 points):

My client has been experiencing intermittent claudication for about ten years. Intermittent claudication is muscular pain in the legs that gets worse when the patient walks. This pain is due to a lack of oxygenation from blocked arteries. If oxygenation is low enough, cells and tissues start to die off. This tissue necrosis can lead to amputation if it remains untreated (Carpenito, 2017).

The patient reports that the pain has become unbearable over the past year, and she finds walking challenging. When she saw her physician, she had an ankle-brachial index (ABI) of less than one. An ABI is performed by checking systolic pressure in the brachial arteries of the arms and comparing it to the posterior tibial artery in the leg to check how well the arteries are pumping blood. An ABI of less than one is diagnostic of PAD (Capriotti & Frizzell, 2016).

Capriotti & Frizzell (2016) list several risk factors for PAD that include age over 65, uncontrolled Type 2 diabetes, hypertension, and hyperlipidemia. High blood sugar, high blood pressure, and high cholesterol can all damage blood vessels. My patient is over age 65 and has all of the risk factors listed above. According to the patient's chart, her blood pressure usually

runs higher than 140/90, which indicates Stage 2 Hypertension (Capriotti & Frizzell, 2016). Her blood sugars were consistently over 200 during her hospital stay, and she reports these are expected readings for her at home. Chronic hyperglycemia causes the most damage to arterial vessels as glucose damages endothelial cells in the vessel walls (Capriotti & Frizzell, 2016, p. 571).

My patient was diagnosed with atherosclerosis, a buildup of cholesterol and plaque that blocks the arterial walls. If diet and exercise can control risk factors like high blood sugar, cholesterol, and blood pressure, atherosclerosis can be managed without surgery. Once a patient begins to experience significant life changes due to ischemia in the muscles, surgery is the next step.

The physician decided my patient should undergo an aortobifemoral bypass surgery to correct the legs' blood flow. The day after the surgery, the patient's dorsalis pedis and posterior tibial pulses were palpable to the touch. The surgeon told me this was an improvement compared to before the surgery when a doppler scan could hardly find the pulses.

The patient is in the hospital and preparing for discharge. She needs to focus on better control of hyperglycemia, hypertension, and hyperlipidemia through diet and exercise. Some risks for this patient include infection, falling, and constipation due to pain medications.

Pathophysiology References (2) (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: introductory concepts and clinical perspectives*. F.A. Davis Company.

Carpenito, J. L. (2017). *Handbook of nursing diagnosis* (18th ed.). Wolters Kluwer.

Laboratory Data (15 points)

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4.0-4.9 *10^6/uL*	4.1	4.1	
Hgb	12.0-16.0 *g/dL*	11.1	11.0	
Hct	37.0-48.0%	37.2	37.4	
Platelets	150-400 *10^3/uL*	154	162	
WBC	4.1-10.9 *10^3/uL*	18.3	17.4	WBCs can be elevated due to inflammation (Capriotti & Frizzell, 2016). My patient had edema in her legs prior to surgery due to PAD.
Neutrophils	40-68%	66.1	N/A	
Lymphocytes	19-49%	19.3	N/A	
Monocytes	3-13%	11.1	N/A	
Eosinophils	0-8%	1.4	N/A	
Bands	0-5%	N/A	N/A	

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	135-145	135	138	
K+	3.5-5.0	4.0	3.7	
Cl-	98-107	104	106	
CO2	21-32	22	21	
Glucose	70-99	205	212	The client has type 2 diabetes and reports her blood sugars usually run high. High blood sugar can be

				attributed to too many carbohydrates, a lack of physical activity, and inadequate medication (Capriotti & Frizzell, 2016).
BUN	**5-20**	**20**	**20**	
Creatinine	**0.5-1.5**	**0.52**	**0.54**	
Albumin	**3.5-5.7**	**N/A**	**4.4**	
Calcium	**8.5-10.0**	**8.5**	**8.5**	
Mag	**1.6-2.6**	**1.7**	**2.1**	
Phosphate	**2.5-4.5**	**N/A**	**N/A**	
Bilirubin	**0.0-0.2**	**N/A**	**N/A**	
Alk Phos	**34-104**	**N/A**	**59**	
AST	**13-39**	**N/A**	**N/A**	
ALT	**7-52**	**N/A**	**N/A**	
Amylase	**23-85**	**N/A**	**N/A**	
Lipase	**0-160**	**N/A**	**N/A**	
Lactic Acid	**4.5-19.8**	**N/A**	**N/A**	
Troponin	**0.0-0.4**	**N/A**	**N/A**	
CK-MB	**5-25**	**N/A**	**N/A**	
Total CK	**22-198**	**N/A**	**N/A**	

Other Tests Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	0.8-1.1	N/A	N/A	
PT	10.1-13.1	N/A	N/A	
PTT	25-36 sec	N/A	36 sec	
D-Dimer	<0.5	N/A	N/A	
BNP	0-100	N/A	N/A	
HDL	>60	N/A	N/A	
LDL	<100	N/A	N/A	
Cholesterol	<200	N/A	N/A	
Triglycerides	<150	N/A	107	
Hgb A1c	<5.7%	N/A	N/A	
TSH	0.4-4.0	N/A	N/A	

Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Colorless-Yellow, Clear	Yellow-Hazy		
pH	5.0-7.0	5.0		
Specific Gravity	1.003-1.005	1.005		
Glucose	Negative	Negative		
Protein	Negative	Negative		
Ketones	Negative	Negative		
WBC	0-25	21 (21-50)		

RBC	**0-20**	**0**		
Leukoesterase	**Negative**	**Negative**		

Arterial Blood Gas Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
pH	**7.35-7.45**	**N/A**	**N/A**	
PaO2	**80-100**	**N/A**	**N/A**	
PaCO2	**35-45**	**N/A**	**N/A**	
HCO3	**22-26**	**N/A**	**N/A**	
SaO2	**95-100**	**N/A**	**N/A**	

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	**N/A**	**N/A**	**N/A**	**N/A**
Blood Culture	**N/A**	**N/A**	**N/A**	**N/A**
Sputum Culture	**N/A**	**N/A**	**N/A**	**N/A**
Stool Culture	**N/A**	**N/A**	**N/A**	**N/A**

Lab Correlations Reference (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: introductory concepts and clinical perspectives*. F.A. Davis Company.

Diagnostic Imaging

All Other Diagnostic Tests (5 points): X-ray Chest Single View Portable

Diagnostic Test Correlation (5 points): This test was performed to confirm placement of NG tube. X-ray showed no parenchymal consolidation, pneumothorax, or effusion. Tip of the NG tube is seen at or just below the GE junction.

Diagnostic Test Reference (APA):

Capriotti, T., & Frizzell, J. P. (2016). *Pathophysiology: introductory concepts and clinical perspectives*. F.A. Davis Company.

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	Lipitor/ atorvastatin	Coreg/ carvedilol	Pletal/ cilostazol	Fortamet/ metformin	Pioglitazone/ Actos
Dose	40mg	6.25mg	100mg	1,000mg	45mg
Frequency	qhs	BID	BID	qd	qd
Route	Oral	Oral	Oral	Oral	Oral
Classification	HMG-CoA reductase inhibitor	Antihypertensive, Heart failure treatment adjunct	Platelet aggregation inhibitor	Antidiabetic	Antidiabetic
Mechanism of Action	Reduces LDL and triglycerides and increases HDL levels	Reduces cardiac output. Causes vasodilation	Relieves symptoms of claudication by inhibiting phosphodiesterase	Promotes storage of excess glucose in the liver to reduce	Enhances sensitivity of insulin-dependent tissues

		and decreases peripheral vascular resistance, which reduces blood pressure and cardiac workload.		glucose production.	
Reason Client Taking	Lower cholesterol to prevent further cardiovascular problems	Hypertension	Intermittent claudication	Type 2 Diabetes	Type 2 Diabetes
Contraindications (2)	Alcoholism, Hepatic issues	Asthma, Severe Bradycardia	Heart failure, Hypersensitivity to drug or its components	Advanced renal disease, Metabolic acidosis	Diabetic ketoacidosis, Hepatic dysfunction
Side Effects/Adverse Reactions (2)	Muscle pain, diarrhea	Hypertension, Depression	Angina, Abdominal Pain	Hypoglycemia, Rash	Congestive heart failure, Weight gain
Nursing Considerations (2)	Watch for signs of myopathy and rhabdomyolysis including muscle weakness and low urine output. Administer medication at the same time every day.	Monitor blood glucose levels. Use cautiously in patients with peripheral vascular disease as it may aggravate symptoms.	Monitor cardiovascular status for endocardial hemorrhage. Obstruction of the left ventricular outflow tract can occur so monitor closely for new cardiac symptoms.	Never give to patient with severe renal impairment. Give medication with food to reduce risk of GI reactions.	Assess for S/S of hypoglycemia. Not recommended for patients with symptomatic heart failure or bladder cancer.

Key Nursing Assessment(s)/Lab(s) Prior to Administration	Check electrolytes, cholesterol levels. Monitor blood glucose levels frequently while pt is using this medication.	Monitor blood pressure	Monitor blood glucose for hyperglycemia	Assess patient's eGFR on an annual basis or as needed to determine renal impairment.	Monitor liver enzymes before and during therapy.
Client Teaching needs (2)	Avoid grapefruit while using this medication. Lower dietary cholesterol while using this medication.	Must report weight gain of 5 lb or more in 2 days or increased shortness of breath. Seek emergency help if hives or swelling develops.	Take medication on an empty stomach. Do not smoke as it lessens the effectiveness of medication.	Take drug only as prescribed. Monitor blood glucose levels frequently and instruct how.	Report vision changes promptly. Notify prescriber immediately for fluid retention, SOB, or sudden weight gain.

Hospital Medications (5 required)

Brand/Generic	**Pepcid/ famotidine**	**Zofran/ ondansetron**	**Norvasc/ amlodipine**	**Heparin injection**	**Coreg/ carvedilol**
Dose	20mg	4mg	10mg	5,000u	6.25mg
Frequency	BID	q6h prn	qd	q8h	BID
Route	IV	IV	Oral	SubQ	Oral
Classification	Gastric acid secretion inhibitor	Antiemetic	Antihypertensive	Anticoagulant	Antihypertensive, Heart failure treatment

					adjunct
Mechanism of Action	Reduces HCL formation to protect gastric and intestinal mucosa.	Reduces nausea and vomiting by preventing serotonin release in the small intestine.	Relaxes coronary and vascular smooth muscles to reduce blood pressure.	Coagulation enzyme thrombin is rendered inactive.	Reduces cardiac output. Causes vasodilation and decreases peripheral vascular resistance, which reduces blood pressure and cardiac workload.
Reason Client Taking	Reduce irritation from NG tube.	As needed for nausea due to post-op meds.	Hypertension	Post-op DVT prevention	Hypertension
Contraindications (2)	Hypersensitivity to medication or H2-receptor antagonists	Congenital long QT syndrome, Concomitant use of apomorphine	Aliskiren therapy in patients with diabetes or renal impairment, Hypersensitivity	Heparin-induced thrombocytopenia, Uncontrolled active bleeding	Asthma, Severe Bradycardia
Side Effects/Adverse Reactions (2)	Arrhythmias, dyspnea	Seizures, pulmonary embolism	Hypotension, Hot flashes	Epistaxis, Abdominal distension and pain	Hypertension, Depression
Nursing Considerations (2)	Push slowly over 2 minutes or more. Dilute injection form with saline solution to 5 to 10 ml.	Monitor closely for S/S of hypersensitivity. Monitor electrocardiogram for prolonged QT interval.	Assess frequently for chest pain. Monitor patient with impaired hepatic function.	Use cautiously in alcoholics, patients over 60, and those at risk for hemorrhage. Read heparin label carefully to reduce risk of	Monitor blood glucose levels. Use cautiously in patients with peripheral vascular

				dosage miscalculation.	disease as it may aggravate symptoms.
Key Nursing Assessment(s)/ Lab(s) Prior to Administration	Pulse/ heart rhythm	BP, EKG, CMP	BP	aPTT	BP
Client Teaching needs (2)	Wait 30 to 60 minutes after taking famotidine to take antacids. Report black or tarry stools, fever, dizziness, or rash immediately.	Advise patient to report signs of hypersensitivity like rash or swelling of the throat or tongue. With transient blindness, reassure patient that it will subside with a few minutes to 48 hours.	Notify prescriber of dizziness, difficulty breathing, hives or rash. Get blood pressure checked routinely.	Cannot be taken orally. Warn patient about increased risk of bleeding.	Must report weight gain of 5 lb or more in 2 days or increased shortness of breath. Seek emergency help if hives or swelling develops.

Medications Reference (APA):

2019 Nurse's Drug Handbook (18th ed.). (2019). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	**A&Ox3. No apparent distress. Pt appears clean, well groomed, and resting comfortably.**
INTEGUMENTARY (2 points): **Skin color:**	**Skin warm, pink, and dry. NG tube set to low**

Character: **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☒ N ☐** **Type: NG, Foley**	**intermittent suction; PICC Line present to R IJ; Epidural into pt Back; A-line in pt L wrist. Bilateral groin incisions and L abdominal incision are all covered with steri-strips and gauze. Steri-strips are in-tact. No bleeding noted. Some bruising present around central line.** **Braden Score: 17**
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	**Head normocephalic. No erythema, drainage, or discharge from ears, eyes, or nose. Good dentition. All teeth present.**
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒** **Edema Y ☒ N ☐** **Location of Edema:** Bilateral arms and hands.	**S1, S2 present without murmurs. Regular rate and rhythm. Cap Refill <3sec. No neck distension noted. Slight edematous tissue noted in arms and hands from fluids administered during surgery. Peripheral pulses present +2 bilaterally.**
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character** **ET Tube: None.** **Size of tube:** **Placement (cm to lip):** **Respiration rate:** **FiO2:** **Total volume (TV):** **PEEP:** **VAP prevention measures:**	**Breath sounds clear, slightly diminished bilaterally. No accessory muscle use or labored breathing.**
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:** **Weight:** **Auscultation Bowel sounds:**	**On regular diet at home. Was NPO when I arrived, but physician changed to Clear Liquid Diet later in shift.** **Ht: 5' 5"** **Wt: 188 lbs.**

Last BM: **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☒ N ☐** **Size: 16 Fr** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	**Last BM yesterday, prior to surgery.** **Hypoactive bowel sounds auscultated in all four quadrants. No distention noted.** **Bilateral groin incisions and L abdominal incision are all covered with steri-strips and gauze. Steri-strips are in-tact. No bleeding noted. Some bruising present around central line.** **No other wounds, drains, or scars noted.**
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☒ N ☐** **Type: Foley** **Size: 16 Fr** **CAUTI prevention measures:**	**Urine is light yellow and clear in collection chamber. 700mL urine output.**
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☒ N☐** **Fall Score: 20** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk X**	**FALL SCORE=20, high fall risk** **Good ROM in arms and legs bilaterally. Pt is currently standby assist to chair. Strength equal bilaterally. Pt able to move legs, ankles, and toes bilaterally on command.**
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no -** **Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:**	**A&O x3. Oriented to person, place, and time. No speech or sensory deficits. No changes in LOC during shift.**

Sensory: **LOC:**	
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	**Pt has strong support at home from her partner of 40 years. She reports they have a dog they enjoy walking together, and they enjoy going to local parks. They also enjoy travel and plan to take a trip to Hawaii late next year. Pt reports she is "not an overly religious person".**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	**76 bpm**	**151/65mmHg**	**20 breaths/min**	**97.8 F oral**	**100%**
1100	**75 bpm**	**117/56mmHg**	**11 breaths/min**	**97.5 F oral**	**94%**

Vital Sign Trends/Correlation: Following blood pressure medication and pain medication administration, blood pressure, respirations, and O2 dropped significantly.

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0700	**Numeric**	**N/A**	**0/10**	**N/A**	**(Prophylactic tramadol given before pt in any pain. Epidural was left in place, but Fentanyl-ropivacaine**

					drip was d/c'd at 0700).
1100	**Numeric**	**N/A**	**0/10**	**N/A**	**(Prophylactic tramadol given before pt in any pain. Epidural was left in place, but Fentanyl-ropivacaine drip was d/c'd at 0700).**

IV Assessment (2 Points)

IV Assessment	**Fluid Type/Rate or Saline Lock**
Size of IV: **Location of IV:** **Date on IV:** **Patency of IV:** **Signs of erythema, drainage, etc.:** **IV dressing assessment:**	N/A (Pt did not have regular IV—had PICC line and A line).
Other Lines (PICC, Port, central line, etc.)	
Type: **Size:** **Location:** **Date of insertion:** **Patency:** **Signs of erythema, drainage, etc.:** **Dressing assessment:** **Date on dressing:** **CUROS caps in place: Y ☒ N ☐** **CLABSI prevention measures:**	PICC line to R IJ, L Rad Aline, Epidural Only LR running at 135mL/hr. to one lumen of triple lumen PICC line. No other lines in use. All lines placed 9/21. No signs of erythema or drainage. Tape dry and intact. PICC line and Aline flushed easily. CUROS caps placed on unused PICC line connections.

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
1,200mL (oral and PICC)	700mL (foley)

Nursing Care

Summary of Care (2 points)

Overview of care: I talked with the patient throughout my shift. She was pleasant and enjoyed sharing stories about herself and her life. I administered a Heparin injection subcutaneously into her abdomen. I flushed the lumens on the pt's PICC line and checked her surgical incision sites. I assisted in teaching the pt to use an incentive spirometer and choose from her clear liquid diet options. At the end of my shift, she thanked me for my care and time spent with her.

Procedures/testing done: Chest x-ray was completed to check placement of the NG tube. aPTT was ordered due to Heparin order that pt is receiving. Checked distal pulses in the legs and feet every hour, and checked blood sugars every 2 hours.

Complaints/Issues: Pt complained about NG tube and NPO status at the beginning of shift. As soon as the physician came in to see her, he removed the NG tube and placed her on a clear liquid diet.

Vital signs (stable/unstable): Stable—blood pressure started out high, but resolved quickly after medication was administered.

Tolerating diet, activity, etc.: Pt began NPO at the beginning of shift, but physician changed her to a clear liquid diet while in my care. She tolerated water well and had ordered some jello just before I left. She tolerated movement well and was sitting in chair mid-shift.

Physician notifications: Pt will notify physician if surgical sites start bleeding excessively, become red, swollen, inflamed, or become increasingly painful to the touch after 2-3 days.

Future plans for patient: Pt will be discharged home with partner. Pt will walk everyday to improve health and improve leg circulation. Pt will control cholesterol, blood sugars,

and blood pressure through medications and diet as directed by physician. Pt may benefit from an appointment with a dietician.

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: Pt will schedule follow-up appointment with surgeon in about a week to check incisions. Pt may benefit from a referral to a dietician, although one had not been reported in the patient's chart.

Education needs: Signs of infection to report at surgical sites, including redness, swelling, inflammation, or pain that is worse than what should be expected. Pt will need to continue blood pressure medications and make diet and exercise alterations to decrease the chances of this happening again.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Ineffective peripheral tissue perfusion related to peripheral artery disease	**PAD is the primary reason my patient was admitted. She was at risk of amputation**	**1.Get patient up and walking to improve circulation and oxygenation**	**Patient got up and moved from bed to chair early in my shift. She was anxious to get up and move, and the surgeon encouraged it. Peripheral pulses palpable in feet and ankles. Goal met.**

as evidenced by intermittent claudication (pain in legs when walking) and difficulty walking prior to surgery.	**without surgery to correct atherosclerosis.**	**to the legs. Assess effectiveness by checking peripheral pulses in the feet and ankles.** **2.Educate patient on importance of healthy lifestyle changes, avoiding constrictive clothing, and avoiding crossing the legs.**	**Patient reports, "I can't wait to get back to walking my dog". She plans to make modifications to diet and exercise when she returns home. Goal in progress.**
2. Ineffective health maintenance related to poor blood sugar control as evidenced by blood sugars over 200 in the hospital and patient's statement, "That's how they usually run at home".	**Hyperglycemia put my patient at a much higher risk of complications due to PAD. If blood sugars do not improve, her chances of recurrence and other vascular problems are increased. The associated risks of poor circulation can affect many organ systems.**	**1. Assess the reasons for poor glucose control. If medication compliance issue, find out reasons and troubleshoot. If exercise and diet modifications are the main culprit, look into dietician referral.** **2.Administer Humalog insulin per sliding scale prescribed to patient. The**	**Pt reports she takes her medications everyday. She says she knows her diet and exercise need work. She reports she has always walked her dog every day, but recently, she has not walked very much due to pain in her legs. Goal in progress.** **Since I was working with an orientee, the orientee gave the insulin injections per sliding scale. The patient was receptive to the subcutaneous injections due to her blood sugar being over 200 each time we checked it. At the end of my shift, blood sugar was still reading 212, and patient had not eaten any carbohydrates yet. Goal in progress.**

		amount of insulin corresponds to the patient's glucose reading.	
3. Risk for falls due to recent surgery, age over 65, and medication side effects, evidenced by patient's recent surgery and medications that can cause dizziness.	**Falls put patients at risk for injury. My patient has several risk factors, including surgery, age, and several medications that increase fall risk.**	**1. Ensure the environment decreases chances of falling. Pt's chair is near the bed, and the room is kept clear of fall risks.** **2. Make sure the patient's call light is within reach at all times.**	**The chair was near the patient's bed, and the floor was kept free of items that would increase fall risks. The patient's side table was within reach of the chair, reducing her need to get up and down. Goal met.** **Each time I left the room, I asked the patient to show me where her call light was. She had it within reach at all times. Goal met.**
4. Risk for infection due to surgery and hyperglycemia as evidenced by open incisions on the patient's abdomen and groin as well as blood sugars over 200.	**Postoperative patients are at risk for infection. Those with high blood sugar are at an increased risk.**	**1. Ensure the incisions stay clean and covered throughout my shift.** **2. Educate patient on signs of infection, including worsening swelling, redness, or cloudy discharge. Inform patient that the risks of infection are**	**Shortly before I came in, the nurse had dressed the patient's incisions with gauze and tape. The surgeon removed the gauze during his assessment, so I was able to inspect the incisions. I checked the gauze to make sure it was in place during my assessment. Goal met.** **Patient was receptive to teaching about signs and symptoms of infection. Patient states, "I know I need to do better with my blood sugars. This might be my wake-up call". Goal in progress.**

		higher if blood sugars are not controlled.	
5. Risk for constipation due to the use of pain medications used during and after surgery as evidenced by pain medication prescriptions, hypoactive bowel sounds while inpatient, and no bowel movement as evidenced by patient's statement, "I usually go everyday. Maybe when I get some real food, I'll be fine".	**Constipation is a common side effect of post-operative pain medications. It can lead to discomfort and make patients less likely to be mobile.**	**1. Encourage patient to push fluids while inpatient. Keep water cup full at all times. Educate patient on the effectiveness of fiber in the diet to combat this problem if it continues after discharge.** **2. Remind patient exercise is also an effective combatant for constipation. When she gets home, resuming regular walking will reduce constipation issues.**	**Made sure that patient had her water cup filled at all times while in my care. Instructed patient to increase fiber after discharge as long as she is on pain meds. Goal met.** **Discussed the benefits of walking her dog again when she returned home. Included constipation in this conversation. Goal in progress.**

Other References (APA):

Carpenito, J. L. (2017). *Handbook of nursing diagnosis* (18th ed.). Wolters Kluwer.

Concept Map (20 Points):

****ALSO IN ATTACHED SCREENSHOT****

Subjective Data

Patient reports, "I've had leg pain for the past ten years. It just got to be unbearable within the past year".

Patient reports difficulty walking.

Patient reports poor blood pressure and blood sugar control at home.

Nursing Diagnosis/Outcomes

- Ineffective peripheral tissue perfusion➔ Pt will have palpable pulses in feet at follow-up appointment in one week.
- Ineffective health maintenance➔ Pt's A1C will be <6.5 within 3 months.
- Risk for falls➔ Pt will have no falls upon return home.
- Risk for infection➔ Pt will maintain clean dressings and keep blood sugars below 160. Incisions will heal without infection.
- Risk for constipation➔ Pt will have a bowel movement within 3 days of return home.

Objective Data

Low Ankle-brachial Index (ABI) <1

WBC 18.4 prior to surgery, indicating inflammation

Blood sugar >200 throughout stay

BP 151/65 before medication administered

No dorsalis pedis or posterior tibial pulses palpated prior to surgery

Patient Information

66yo F

Hx of Type 2 Diabetes, Hypertension, and Hyperlipidemia

Diagnosed with Atherosclerosis and Peripheral Artery Disease (PAD)

Nursing Interventions

Checked pulses in the feet and ankles every hour

Checked blood glucose and assisted with sliding scale injections

Kept patient's table nearby and floor clear

Checked patient's incisions for any redness, swelling, or excessive drainage

Kept patient's water cup filled and educated patient on importance of fiber in the diet and maintaining an exercise routine.